



STATE OF WASHINGTON

## GAMBLING COMMISSION

P.O. Box 42400 • Olympia, Washington 98504-2400 • (360) 486-3440 • TDD (360) 486-3637 • FAX (360) 486-3631

# Limited Fund-Raising Event Records

Dear Limited Fund-Raising Event Licensee:

This packet is designed to instruct you in the use of limited fund-raising event records. The information and instructions do not encompass all of the rules pertaining to limited fund-raising events. Please read your Commission rules manual thoroughly, specifically WAC 230-25 and RCW 9.46.0233(2), to ensure compliance with all WAC rules.

This packet contains the following:

1. Limited Fund-Raising Event Summary (GC2-328).
2. Schedule of Winners (GC2-329).

Please copy additional forms as needed.

The records are intended to fit as many entrants and prize winners as possible, however, you may need to use additional forms to record additional entrants or prize winners.

If you have a question or need additional assistance, please call the Gambling Commission regional office in your area:

Tacoma (253) 471-5312   Lynnwood (425) 776-6751   Spokane (509) 456-3167

Attachments



# LIMITED FUND-RAISING EVENT SUMMARY

LICENSEE: Name DATE OF EVENT: Date

## SECTION I: CALCULATION OF GROSS RECEIPTS

A. Ticket Color <u>Blue</u>	Ticket Color <u>Green</u>
B. Ending Number Sold <u>50</u>	Ending Number Sold <u>10</u>
C. Subtract Beginning Number - <u>1</u>	Subtract Beginning Number - <u>1</u>
Add One + <u>1</u>	Add One + <u>1</u>
D. Total Tickets Sold = <u>50</u>	Total Tickets Sold = <u>10</u>
E. Times Cost per Ticket x \$ <u>50</u>	Times Cost per Ticket x \$ <u>25</u>
F. Gross Receipts = \$ <u>2,500</u>	Gross Receipts = \$ <u>250</u>

**\*NOTE:** If additional ticket values are issued, attach reconciliation sheet for these tickets using format above.

## SECTION II: RECONCILIATION OF GROSS RECEIPTS

A. <u>Blue</u> (color) Tickets Gross Receipts	\$ <u>2,500</u>
B. <u>Green</u> (color) Tickets Gross Receipts	+ \$ <u>250</u>
C. *Add Gross Receipts per attached sheet, if applicable.	+ \$ <u>50</u> <sup>①</sup>
D. Total Gross Receipts	= \$ <u>2,800</u>
E. Subtract all non-gambling expenses (i.e., meals, advertising, music, etc.)	- \$ <u>200</u>
F. Subtract Cost of Purchased Prizes (not to exceed 10% of gross receipts)	- \$ <u>200</u>
G. Subtract Cost of Gambling Equipment	- \$ <u>2,000</u>
H. Equals Net Receipts	= \$ <u>400</u>

**NOTE:** Within 30 days, any net amount over \$10,000 must be given to a qualified charitable or nonprofit organization as set forth in RCW 9.46.0209.

① Red Ticket Gross Receipts from Page 2.

## SECTION III: AMOUNT DONATED TO ANOTHER ORGANIZATION (IF APPLICABLE)

Amount of money given to another organization per WAC 230-25-030(3) \$ —

**NOTE:** No organization may receive more than \$10,000 of your excess revenue. Designate additional organization as necessary.

Name of Organization: —

Address: —

City: — State: — Zip: —

Check No. Issued: —

Preparer: John Henry Date: Date Records were prepared.

# LIMITED FUND-RAISING EVENT SUMMARY

LICENSEE: Name DATE OF EVENT: Date

## SECTION I: CALCULATION OF GROSS RECEIPTS

A. Ticket Color	<u>Red</u>	Ticket Color	<u>/</u>
B. Ending Number Sold	<u>5</u>	Ending Number Sold	<u>/</u>
C. Subtract Beginning Number	- <u>1</u>	Subtract Beginning Number	- <u>/</u>
Add One	+ <u>1</u>	Add One	+ <u>1</u>
D. Total Tickets Sold	= <u>5</u>	Total Tickets Sold	= <u>/</u>
E. Times Cost per Ticket	x \$ <u>10</u>	Times Cost per Ticket	x \$ <u>/</u>
F. Gross Receipts	= \$ <u>50</u> ①	Gross Receipts	= \$ <u>/</u>

**\*NOTE:** If additional ticket values are issued, attach reconciliation sheet for these tickets using format above.

## SECTION II: RECONCILIATION OF GROSS RECEIPTS

A. _____ (color) Tickets Gross Receipts	\$ <u>/</u>
B. _____ (color) Tickets Gross Receipts	+ \$ <u>/</u>
C. *Add Gross Receipts per attached sheet, if applicable.	+ \$ <u>/</u>
D. Total Gross Receipts	= \$ <u>/</u>
E. Subtract all non-gambling expenses (i.e., meals, advertising, music, etc.)	- \$ <u>/</u>
F. Subtract Cost of Purchased Prizes (not to exceed 10% of gross receipts)	- \$ <u>/</u>
G. Subtract Cost of Gambling Equipment	- \$ <u>/</u>
H. Equals Net Receipts	= \$ <u>/</u>

**NOTE:** Within 30 days, any net amount over \$10,000 must be given to a qualified charitable or nonprofit organization as set forth in RCW 9.46.0209.

## SECTION III: AMOUNT DONATED TO ANOTHER ORGANIZATION (IF APPLICABLE)

Amount of money given to another organization per WAC 230-25-030(3) \$ /

**NOTE:** No organization may receive more than \$10,000 of your excess revenue. Designate additional organization as necessary.

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check No. Issued: \_\_\_\_\_

Preparer: \_\_\_\_\_ Date: \_\_\_\_\_

# SCHEDULE OF WINNERS

LICENSEE: Name DATE OF EVENT: Date

## LIST ANY MERCHANDISE PRIZES VALUED AT OVER \$50:

> Item: CD Player Value: \$ 100 Was the prize donated or purchased?  
(circle one)

Name: George Smith Phone: ( XXX ) XXX - 3301

Address: XXX S. 1<sup>st</sup>

City: Burien State: WA Zip XXXXX

> Item: Cell Phone Value: \$ 75 Was the prize donated or purchased?  
(circle one)

Name: Sally Won Phone: ( XXX ) XXX - 4508

Address: XXXX Best Ave.

City: Tukwilla State: WA Zip XXXXX

> Item: Watch Value: \$ 100 Was the prize donated or purchased?  
(circle one)

Name: Bob Luck Phone: ( XXX ) XXX - 7763

Address: XXX 6<sup>th</sup>

City: Seattle State: WA Zip XXXXX

> Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Was the prize donated or purchased?  
(circle one)

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

> Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Was the prize donated or purchased?  
(circle one)

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

> Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Was the prize donated or purchased?  
(circle one)

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Preparer: \_\_\_\_\_ Date: \_\_\_\_\_

# LIMITED FUND-RAISING EVENT SUMMARY

LICENSEE: \_\_\_\_\_ DATE OF EVENT: \_\_\_\_\_

## SECTION I: CALCULATION OF GROSS RECEIPTS

A. Ticket Color	_____	Ticket Color	_____
B. Ending Number Sold	_____	Ending Number Sold	_____
C. Subtract Beginning Number	- _____	Subtract Beginning Number	- _____
Add One	+ _____ 1	Add One	+ _____ 1
D. Total Tickets Sold	= _____	Total Tickets Sold	= _____
E. Times Cost per Ticket	x \$ _____	Times Cost per Ticket	x \$ _____
F. Gross Receipts	= \$ _____	Gross Receipts	= \$ _____

**\*NOTE:** If additional ticket values are issued, attach reconciliation sheet for these tickets using format above.

## SECTION II: RECONCILIATION OF GROSS RECEIPTS

A. _____ (color) Tickets Gross Receipts	\$ _____
B. _____ (color) Tickets Gross Receipts	+ \$ _____
C. *Add Gross Receipts per attached sheet, if applicable.	+ \$ _____
D. Total Gross Receipts	= \$ _____
E. Subtract all non-gambling expenses (i.e., meals, advertising, music, etc.)	- \$ _____
F. Subtract Cost of Purchased Prizes (not to exceed 10% of gross receipts)	- \$ _____
G. Subtract Cost of Gambling Equipment	- \$ _____
H. Equals Net Receipts	= \$ _____

**NOTE:** Within 30 days, any net amount over \$10,000 must be given to a qualified charitable or nonprofit organization as set forth in RCW 9.46.0209.

## SECTION III: AMOUNT DONATED TO ANOTHER ORGANIZATION (IF APPLICABLE)

Amount of money given to another organization per WAC 230-25-030(3) \$ \_\_\_\_\_

**NOTE:** No organization may receive more than \$10,000 of your excess revenue. Designate additional organization as necessary.

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check No. Issued: \_\_\_\_\_

Preparer: \_\_\_\_\_ Date: \_\_\_\_\_

# LIMITED FUND-RAISING EVENT SUMMARY INSTRUCTIONS

Please read these instructions carefully.

## Event Operation:

In order to keep track of gross receipts for the event, at least two rolls of different color theater-style tickets will be given to entrants in exchange for the cost of the buy-in or re-buy. One of the ticket rolls must be used for the initial buy-in, while other ticket colors can be used to issue any re-buys. To segregate duties, it is required that the entrant take the purchased ticket to another table where they can exchange it for the scrip (play money) used for the event games. Value of re-buy tickets must stay constant.

## Completing the Limited Fund-Raising Event Summary Form

**SECTION I:** The calculation of gross receipts will be easily calculated by multiplying the number of tickets sold by the cost of each buy-in or re-buy. Record the appropriate information as described below:

- A. *Ticket Color* - Record the color of the tickets. (There will be one color for buy-in tickets. Additional colors will be used for re-buys.)
- B. *Ending Number Sold* - Record the number on the last ticket sold.
- C. *Beginning Number* - Record the number of the first ticket sold.
- D. *Total Tickets Sold* - Line B minus line C, plus one. Record the total.
- E. *Times Cost per Ticket* - Record the cost per ticket (buy-in or re-buy).
- F. *Gross Receipts* - Multiply line D by line E. Record the total.

**SECTION II:** This section reconciles total gross receipts from the buy-ins and re-buys. Record the appropriate information as described below:

- A & B. *Tickets Gross Receipts* - Record the color of each ticket roll in the blank space. Record the corresponding gross receipts total as recorded in Section I, F.
- C. *\*Add Gross Receipts per attached sheet, if applicable* - If there were additional forms used to calculate gross receipts, the total it would be recorded here. This would only occur if more than two rolls of tickets were used to administer the event.
- D. *Total Gross Receipts* - Add lines A, B, and C. Record the total.
- E. *Subtract all Non-Gambling Expenses* - Record the total cost of all non-gambling expenses.
- F. *Subtract Cost of Purchased Prizes* - Record the total cost of all purchased prizes that were awarded at the event. Keep receipts for supporting documentation. Do not include the value of prizes that were donated to the organization for the event.
- G. *Subtract Cost of Gambling Equipment* - Record the total cost of gambling equipment and services.
- H. *Equals Net Receipts* - Subtract line E, F and G from D. Record the total.

**SECTION III:** This section is to be completed **only** if your organization made more than \$10,000 revenue from fund raising events in a calendar year.

- \* This section must be completed in full to properly document which organization received any excess revenue from the fund raising event.

# SCHEDULE OF WINNERS

LICENSEE: \_\_\_\_\_ DATE OF EVENT: \_\_\_\_\_

## LIST ANY MERCHANDISE PRIZES VALUED AT OVER \$50:

➤ Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Was the prize donated or purchased?  
(circle one)

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

➤ Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Was the prize donated or purchased?  
(circle one)

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

➤ Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Was the prize donated or purchased?  
(circle one)

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

➤ Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Was the prize donated or purchased?  
(circle one)

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

➤ Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Was the prize donated or purchased?  
(circle one)

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

➤ Item: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Was the prize donated or purchased?  
(circle one)

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Preparer: \_\_\_\_\_ Date: \_\_\_\_\_